

**State of Connecticut  
Office of Health Care Access  
CON Determination Form  
Form 2020**

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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. PETITIONER INFORMATION**

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Gaylord Hospital, Inc	
Doing Business As		
Name of Parent Corporation	Gaylord Hospital, Inc.	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	Gaylord Farm Rd P.O. Box 400 Wallingford, CT 06402	
Petitioner type (e.g., P for profit and NP for Not for Profit)	Not For Profit	
Name of Contact person, including title	Ms. Jacqueline Epright Director of Business Development Support	
Contact person's street mailing address	Gaylord Farm Rd P.O. Box 400 Wallingford, CT 06402	
Contact person's phone, fax and e-mail address	203-284-2725 jepright@gaylord.org	

## SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title:  
Gaylord Sleep Medicine Consolidation and Relocation – North Haven
- b. Location of proposal (Town including street address):  
6 Devine Street, North Haven, Connecticut
- c. List all the municipalities this project is intended to serve:  
Same as the current populations we serve at the sites being consolidated: New Haven, Meriden, Wallingford, Hamden, West Haven Cheshire, Milford, East Haven, North Haven, Middletown, Waterbury and other local surrounding communities on a lesser scale.
- d. Estimated starting date for the project:  
Begin testing patients on August 2, 2006
- e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)
- |  |                          |                            |                                     |                          |  |  |                          |                     |                          |                          |                |  |   |   |                          |                          |               |
|--|--------------------------|----------------------------|-------------------------------------|--------------------------|--|--|--------------------------|---------------------|--------------------------|--------------------------|----------------|--|---|---|--------------------------|--------------------------|---------------|
| <table border="0"><tr><td>E</td><td>P</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> | E                        | P                          | <input type="checkbox"/>            | <input type="checkbox"/> | Acute Care Hospital  | <table border="0"><tr><td>E</td><td>P</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> | E                        | P                   | <input type="checkbox"/> | <input type="checkbox"/> | Imaging Center | <table border="0"><tr><td>E</td><td>P</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> | E | P | <input type="checkbox"/> | <input type="checkbox"/> | Cancer Center |
| E  | P                        |                            |                                     |                          |  |  |                          |                     |                          |                          |                |  |   |   |                          |                          |               |
| <input type="checkbox"/>   | <input type="checkbox"/> |                            |                                     |                          |  |  |                          |                     |                          |                          |                |  |   |   |                          |                          |               |
| E  | P                        |                            |                                     |                          |  |  |                          |                     |                          |                          |                |  |   |   |                          |                          |               |
| <input type="checkbox"/>   | <input type="checkbox"/> |                            |                                     |                          |  |  |                          |                     |                          |                          |                |  |   |   |                          |                          |               |
| E  | P                        |                            |                                     |                          |  |  |                          |                     |                          |                          |                |  |   |   |                          |                          |               |
| <input type="checkbox"/>   | <input type="checkbox"/> |                            |                                     |                          |  |  |                          |                     |                          |                          |                |  |   |   |                          |                          |               |
| <input type="checkbox"/>   | <input type="checkbox"/> | Behavioral Health Provider | <input type="checkbox"/>            | <input type="checkbox"/> | Ambulatory Surgery Center                                  | <input type="checkbox"/>   | <input type="checkbox"/> | Primary Care Clinic |                          |                          |                |  |   |   |                          |                          |               |
| <input type="checkbox"/>   | <input type="checkbox"/> | Hospital Affiliate         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other (specify): <u>Long-Term Chronic Disease Hospital</u> |  |                          |                     |                          |                          |                |  |   |   |                          |                          |               |

## SECTION III. EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure/Cost: \$ 321,135
- b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	\$85,048
Medical Equipment (Purchase)	33,939
Imaging Equipment (Purchase)	0
Non-Medical Equipment (Purchase)	202,148
Sales Tax	0
Delivery & Installation	0
<b>Total Capital Expenditure</b>	<b>\$321,135</b>
Fair Market Value of Leased Equipment	0
<b>Total Capital Cost</b>	<b>\$321,135</b>

**Major Medical and/or imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit
<b>Not Applicable</b>				

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source:

- ☒ Operating Funds      ☐ Lease Financing      ☐ Conventional Loan  
☐ Charitable Contributions      ☐ CHEFA Financing      ☐ Grant Funding  
☐ Funded Depreciation      ☐ Other (specify): \_\_\_\_\_

**SECTION IV. PROPOSAL DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

**SEE ATTACHMENT A FOR RESPONSE**

**SECTION V. AFFIDAVIT**

Applicant: Gaylord Hospital, Inc.

Project Title: Gaylord Sleep Medicine Expansion – North Haven

I, James J. Cullen, CEO  
(Name) (Position – CEO or CFO)

of Gaylord Hospital, Inc. being duly sworn, depose and state that the  
Information provided in this CON Determination form is true and accurate to the best of my  
Knowledge and that Gaylord Hospital, Inc. complies with the appropriate  
(Facility Name)

And applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-  
486 and/or 4-181 of the Connecticut General Statutes.

James J. Cullen  
Signature

7 / 21 / 06  
Date

Subscribed and sworn to before me on July 21, 2006

Mart. Call  
Notary Public/Commissioner of Superior Court

My commission expires: March 31, 2011

**GAYLORD HOSPITAL, INC.**  
**GAYLORD SLEEP MEDICINE CONSOLIDATION AND RELOCATION – NORTH HAVEN**  
**PROJECT DESCRIPTION**

**Introduction**

In this letter, Gaylord Hospital is announcing its proposal to combine and relocate its Wallingford and New Haven Sleep Medicine Labs to a new North Haven Location. In addition, this move proposes to increase the number of Sleep Lab beds for staffing efficiency purposes from 11 to 12. Currently there are 6 beds at the Wallingford Sleep Lab and 5 beds at the New Haven Sleep Lab.

**Proposed Sleep Lab Expansion**

Gaylord Sleep Medicine is the state's largest provider of sleep medicine services, with accredited centers located in easy to access locations throughout the state. Unlike other sleep centers, Gaylord Sleep Medicine has physicians trained in more medical specialties related to sleep disorders, including neurology, pulmonology, internal medicine, critical care, pediatrics, psychiatry and gerontology, than any other sleep program in the state. In addition, our physicians are also Board-certified in sleep medicine, so patients receive the medical expertise needed to help diagnosis and effectively treat sleep disorders. All of Gaylord's Sleep Centers have received accreditation from the American Academy of Sleep Medicine (AASM), one of a limited number of accredited programs in the state. Accreditation by the AASM is the gold standard in sleep medicine. Accreditation ensures that your patient will receive the highest quality care from specially trained physicians and staff who adhere to strict evidence-based practice parameters established by the AASM.

According to *Industry Reports* and research conducted by the marketing staff, the demand for sleep disorders affect approximately 39 million Americans (25% of the population), yet less than 15% are diagnosed and treated. According to the American Academy of Sleep medicine, the number of sleep labs in the US rose from 164 in 1990 to 417 in 1998 and, as of 2002, there were an estimated 1,300 sleep labs. Additionally, membership in the AASM has more than doubled since 1993, from 2,200 to nearly 4,900 today. Gaylord Sleep Medicine has watched this demand grow and as such has increased overall volumes for all sleep locations over the last three years.

Through experience we have learned that consolidations of certain non-clinical staff as well as specific clinical ratios produce the most efficient and effective models. Specifically, we have found a two bed factor to be the most efficient staffing model based upon current AASM requirements. Increasing our beds by one with the consolidation of the two labs will allow us to achieve these efficiencies. In light of the shortage of registered sleep medicine technologists needed to perform studies, Gaylord is looking to be as efficient as possible while still providing quality care. Additionally, we have recognized the increased efficiency and effectiveness of non-clinical staff consolidated into one location. These factors in conjunction with the nationally projected increase in demand, is what drove Gaylord's plan to consolidate our Wallingford and New Haven labs at this new location to North Haven and add an additional bed.

**Conclusion**

This proposal will have no adverse affect on the delivery of care as well as no impact on rates or patient charges. We respectfully request a determination by the Office of Health Care access to waive the CON process on the addition of one bed and the consolidation and relocation of the Gaylord Sleep Medicine Labs in Wallingford and New Haven to North Haven.

**Supplemental Information:**

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.**

Gaylord Hospital, Inc. is licensed as a Chronic Disease Hospital. Gaylord Sleep Medicine offers accredited sleep facilities located across Connecticut to help diagnose sleep resulting from respiratory and neurological causes, such as: sleep apnea, insomnia, narcolepsy and hypertension.

A copy of the Department of Public Health license held by Gaylord Hospital, Inc is presented in **Attachment B**

- 2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?**

No change in the services offered at this facility is proposed in this application.

In this proposal, the Applicant is seeking to increase the number of Sleep Lab beds for staffing efficiency purposes from 11 to 12.

No new DPH licensure categories are being sought.

- 3. Will you be charging a facility fee?**

There will be no change in the way Gaylord Sleep Medicine charges for its sleep lab services as a result of this proposal.

- 4. Who is the current population served and who is the target population to be served?**

Currently, the population utilizing this service is detailed in Section II 3. From the previous Wallingford and New Haven sleep lab markets. The proposal is intended to better serve these patients by provided more capacity in a convenient location in North Haven.

- 5. Who will be responsible for providing the service?**

Gaylord Hospital, Inc. will be responsible for providing this service.

- 6. Who are the payers of this service?**

Gaylord Hospital contracts with all governmental and 3<sup>rd</sup> party payers that operate in Connecticut. Payer mix is not expected to be impacted by the increase in bed capacity.

**Supplemental Questions per July 6, 2006 Request by Karen Roberts**

- 1. Is this service a satellite of Gaylord Hospital and Appears as a satellite on its hospital license?**

The Gaylord Sleep Medicine locations are satellites of Gaylord Hospital. Per correspondence from Wendy Furniss, R.N.C., M.S., Department of Public Health (DPH), it was noted that "separate State licensure is not required for sleep study centers. Such activities, while not separately listed on the license of Gaylord Hospital, are viewed by the Department as subsumed within the general operations of a hospital licensed in Connecticut." See **Attachment C** for copy of referred letter.

Upon completion of our yearly license renewal, we provide a listing of all Gaylord Hospital locations to DPH. In addition, we notify DPH of interim changes in locations. We intend to notify DPH of the relocation and expansion to North Haven upon opening on August 2, 2006.

- 2. Are these services billed for under Gaylord Hospital's provider number? If not, what person or entity bills for these services?**

All Gaylord Sleep Medicine services are billed under Gaylord Hospital's provider number.

- 3. What entity manages these services?**

Gaylord Hospital manages all Gaylord Sleep Medicine services.

**ATTACHMENT B**

**(HOLD FOR COPY OF LICENSE)**





STATE OF CONNECTICUT



Department of Public Health

LICENSE

License No. 02CD

Chronic Disease Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

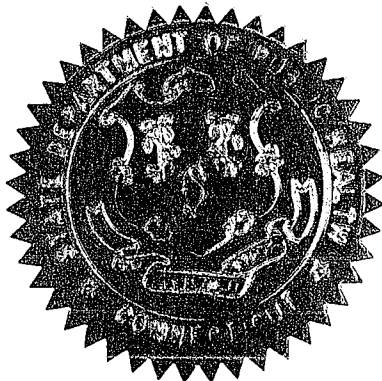
Gaylord Hospital, Inc. of Wallingford, CT, d/b/a Gaylord Hospital is hereby licensed to maintain and operate a Chronic Disease Hospital.

**Gaylord Hospital** is located at Gaylord Farm Road, Wallingford, CT 06492

The maximum number of beds shall not exceed at any time:  
109 Licensed Bed

This license expires **March 31, 2008** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, April 1, 2006. RENEWAL.



*J Robert Galvin M.D., M.P.H.*

J. Robert Galvin, M.D., M.P.H.,  
Commissioner

# **ATTACHMENT C**

**(HOLD FOR COPY OF LETTER FROM DPH)**



## STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

May 3, 2001

John D. Newman  
Reid and Riege, P.C.  
Counsellors at Law  
One State Street  
Hartford, CT 06103-3185

Dear Mr. Newman:

This letter confirms your understanding of the fact that separate State licensure is not required for three sleep study centers noted in your April 27, 2001 letter. Such activities, while not separately listed on the license of Gaylord Hospital, are viewed by the Department as subsumed within the general operations of a hospital licensed in Connecticut.

If you have any further questions or concerns, please feel free to contact me at (860) 509-7407.

Sincerely,

A handwritten signature in cursive script that reads "Wendy H. Furniss".

Wendy H. Furniss, R.N.C., M.S.  
Public Health Services Manager  
Division of Health Systems Regulation

WHF/jm

RECEIVED  
MAY 07 2001  
REID & RIEGE



Phone:

Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # \_\_\_\_\_  
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